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CONFIRMATION NO. 8795

<b>SERIAL NUMBER</b> 10/506,956	<b>FILING OR 371(c) DATE</b> 03/24/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 5660-00503
<b>APPLICANTS</b> C. Mauli Agrawal, San Antonio, TX; Steven R. Bailey, San Antonio, TX; Jodie L. Polan, San Antonio, TX;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/06942 03/06/2003 which claims benefit of 60/362,776 03/08/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 35690				
<b>TITLE</b> Gas-plasma treatment of implants				
<b>FILING FEE RECEIVED</b> 599	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	